| Fill in this information to identify | your case | | | |
|--|---|--|--|---|
| Debtor 1 Begum | S. | Nassa | | |
| First Name Debtor 2 | Middle Name | Last Name | | |
| (Spouse, If filling) First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | Eastern District of New Yor | rk 🔄 | | |
| Case number(If known) | | | Check if th | nis is: |
| | | | | ended filing |
| | | | | lement showing postpetition chapter 13 as of the following date: |
| Official Form 106I | | | MM / Di | D/ YYYY |
| Schedule I: You | ır Income | | | 12/15 |
| upplying correct information. if ye | ou are married and not fil use is not filing with you, o top of any additional pa | ling Jointly, and you do not include info | r spouse is living with yer rmation about your spot | r 2), both are equally responsible for ou, Include information about your spouse. use. If more space is needed, attach a nown). Answer every question. |
| . Fill in your employment information. | | Debtor 1 | | Debtor 2 or non-filing spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | | d | ☐ Employed ☐ Not employed |
| Include part-time, seasonal, or self-employed work. | Occupation | Food and Nuti | ition Services Work | |
| Occupation may include student or homemaker, if it applies. | ADVO 11 - 111 | | ad Hoenitale | |
| | Employer's name | WIO Health a | id Hospitals | - |
| | Employer's address | 84-08 129th Street | | |
| | | Number Street | | Number Street |
| | | Kew Gardens | NY 11415 State ZIP Code | City State ZIP Code |
| | Have long ampleyed the | City | State ZIP Code | ×. |
| | How long employed the | ere? 1 year | | 1 year |
| Part 2: Give Details About | t Monthly Income | | | |
| | the date you file this for | m. If you have nothir | g to report for any line, wr | ite \$0 in the space, Include your non-filing |
| If you or your non-filing spouse had below. If you need more space, a | ave more than one employ | | mation for all employers fo | or that person on the lines |
| , , , | | | For Debtor 1 | For Debtor 2 or non-filing spouse |
| List monthly gross wages, sal deductions). If not paid monthly, | | | 2. \$_1,794.00 | \$ |
| 3. Estimate and list monthly over | rtime pay. | | 3. +s410.00 | + \$ |
| | | | | |

Case number (if known) Debtor 1 Middle Name For Debtor 1 For Debtor 2 or non-filing spouse 2,204.00 Copy line 4 here..... → 4 5. List all payroll deductions: 306.00 5a. Tax, Medicare, and Social Security deductions 0.00 5b. 5b. Mandatory contributions for retirement plans 0.005c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 5e. 5e. Insurance 0.00 5f. Domestic support obligations 5f. 0.00 5g. 5g. Union dues 0.00 5h. Other deductions. Specify: 5h. 306.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 1,898.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 8a. monthly net income. 0.00 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 8c. settlement, and property settlement. 0.00 8d. 8d. Unemployment compensation 8e. 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 8f. Specify: 0.00 8q. Pension or retirement income 8g. 8h. Other monthly income. Specify: non-filing spouse income 8h. <u>315.00</u> 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 315.00 9 10. Calculate monthly income. Add line 7 + line 9. 2,213.00 2,213.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 2,213.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? M No. Yes. Explain: